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## INFORMATIONAL NOTICE

DATE: December 6, 2006

**TO:** Participating Medical Assistance Providers

**RE:** Medical Forms Requests

The Department of Healthcare and Family Services is pleased to announce that all form requests submitted to the department on or after January 1, 2007, will be distributed exclusively by our Bureau of Administrative Services located in Springfield, Illinois.

This new distribution procedure will require that providers submit all requests for medical forms through a single distribution center. As of January 1, 2007, requests for medical forms shall be made by selecting one of the following methods:

- Accessing HFS Web site at http://www.hfs.illinois.gov/forms/
- Submitting Form HFS 1517, Provider Forms Request, by facsimile transmission to (217) 557-6800.
- Submitting Form HFS 1517, Provider Forms Request, by U.S. Mail, to Illinois Department of Healthcare and Family Services Medical Desk, HFS Warehouse 2946 Old Rochester Road Springfield, IL 62703-5659

Please note that as of January 1, 2007, **all** form requests must be submitted on Form HFS 1517. As of this same date, the department will no longer accept form requests submitted on the Form HFS 1517A. Please refer to Chapter 100, General Appendix 10 for a sample of Form HFS 1517. Chapter 100 is available on the department's Web site at

http://www.hfs.illinois.gov/handbooks/chapter100.html

Providers are encouraged to submit claims through the department's Medical Electronic Data Interchange, Internet Electronic Claims (MEDI/IEC) System at <a href="http://www.myhfs.illinois.gov/">http://www.myhfs.illinois.gov/</a>. This free electronic feature allows providers to submit claims directly to the department through Internet browser software with no additional hardware or software required.

If you have any questions regarding this notice, please contact the Bureau of Administrative Services at (217) 557-6905.

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